



## SPARK Program Terms and Conditions

### Eligibility

Atrium Health Teammates who:

1. are a United States citizen or eligible non-citizen, and
2. have completed a Criminal Background Check, and
3. have completed all required immunizations, and
4. have completed and have a clean drug screen, and
5. do not have a previous degree, and
6. earn less than \$45,000 per year.

### Terms & Conditions

1. To enroll, teammates must complete the SPARK Registration Form each semester of enrollment.
2. Students will enroll as a non-degree student.
3. Eligible teammates may register for up to twelve (12) total credit hours in the SPARK program.
4. Some courses may not be eligible for enrollment due to pre-requisites.
5. Students cannot be accepted into a degree program.
6. Students who are enrolled in ABSN pre-requisite programs (see Bridge Course Tuition Discount) are not eligible
7. Tuition will be charged at a \$80/credit hour rate.
8. Teammates may use their Educational Assistance towards the tuition charges.
9. Teammates making less than \$45,000 per year may secure a Letter of Credit from Atrium Health Human Resources to eliminate out of pocket expenses for tuition. A Letter of Credit must be submitted for each semester of enrollment.
10. The Letter of Credit/Educational Assistance may be voided if the student fails to attend the course, complete the course, or fails to pass the course. As such, the student becomes responsible for the tuition charges.
11. Students are responsible for all other charges associated with course enrollment (e.g., books, supplies, transportation, etc.).
12. If a Teammate is discharged or leaves their position within Atrium Health, the tuition charges will become the responsibility of the student.

### Degree Program Enrollment

1. Teammates may apply for admission to a Cabarrus College degree program at any time.
2. Credits earned through the SPARK program will be eligible for transfer credit into a degree program.
3. Enrollment and course completion through the SPARK program does not guarantee admission into a degree program.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Last 4 Digits of SS#

\_\_\_\_\_  
First Semester of Enrollment

#### For Office Use Only

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Signature of Receiver

08/02/2023